

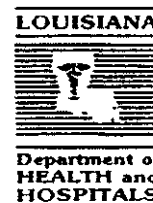


M. J. "Mike" Foster, Jr.
GOVERNOR

STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

October 1, 2003



David W. Hood
SECRETARY

Medicaid Administrative Memorandum Number 31- 2003

TO: Administrative and Agency Personnel

FROM: Ben A. Bearden, Director /s
Bureau of Health Services Financing

RE: People First Language

It is the policy of Louisiana Medicaid's Eligibility Sections to use "People First Language" and to adhere to the principles below in all written as well as verbal communications.

PEOPLE FIRST LANGUAGE

Language is power. Our words have the power to inspire, motivate and uplift people. They also have the power to hurt, isolate and oppress individuals or entire segments of society. Often times, throughout our history, it has become necessary to change our language and the way in which we refer to individuals and groups to avoid further oppressing those members of society. The time has come to reshape our language once again so that we may refer to people with disabilities and the disability community in a respectful and inclusive manner.

CHOOSING TO USE PEOPLE FIRST LANGUAGE

Generally, in choosing words about people with disabilities, the guiding principle is to refer to the person first, not the disability. In place of saying "the disabled," it is preferable to say "people with disabilities." This way, the emphasis is placed on the person, not the disability.

EXAMPLES OF PEOPLE FIRST LANGUAGE

Many labels used for disabilities in our society have negative connotations or are misleading. Using labels contributes to negative stereotypes and devalues the

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person they attempt to describe. Avoid using the following terms when speaking to or about people with disabilities:

invalid	wheelchair-bound	mongoloid	deaf and dumb
defective	special person	handicapped	victim
crippled	suffers from	stricken with	afflicted with
a patient	retarded	mute	

MAKING THE CHANGE TO PEOPLE FIRST LANGUAGE

- "handicapped" or "disabled" should be replaced with "people with disabilities"
- "the handicapped" or "the disabled" should be replaced with "people who have disabilities"
- "he/she is wheelchair bound" or "confined to a wheelchair" should be replaced with "he/she uses a wheelchair"
- "he/she has a birth defect" should be replaced with "he/she has a congenital disability"
- "handicapped" in reference to parking, bathrooms, rooms etc. should be replaced with "accessible"
- "he/she is retarded or MR" should be replaced with "he/she has a cognitive disability or mental retardation"
- "he/she's a Down's or mongoloid" should be replaced with "he/she has Down Syndrome"

GENERAL GUIDELINES FOR TALKING ABOUT DISABILITY

1. Do not refer to a person's disability unless it is relevant to the conversation.
2. Use the word "disability" rather than "handicap" to refer to a person's disability. Never use "cripple/crippled" in any reference to a disability.
3. When referring to a person's disability, use "People First Language."

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4. Avoid referring to people with disabilities as "the disabled, the blind, the epileptics, the retarded." Descriptive terms should be used as adjectives, not as nouns.
5. Avoid negative or sensational descriptions of a person's disability. Don't say "suffers from, a victim of, or afflicted with." These negative descriptions elicit unwanted sympathy, or worse, pity toward individuals with disabilities. Respect and acceptance is what people with disabilities prefer.
6. Don't use "normal and "able-bodied" to describe people who do not have disabilities. It is better to say "people without disabilities," if necessary to make comparisons.

Louisiana Medicaid Home and Community-Based Services

CHOICES IN LONG TERM CARE



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Planning Ahead

- ❖ Whether you are an older adult yourself, or a caregiver concerned about the well-being and independence of an older, and/or disabled adult, it is never to early to start thinking about long-term care (LTC)

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What is LTC?

- ❖ LTC means different things to different people. Generally it refers to assistance with everyday activities like bathing, dressing, grooming, and toileting needs

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LTC can also refer to...

- ❖ Services and supports provided in a nursing home setting for individuals who can no longer be cared for in their homes due to disabling conditions requiring more involved, and/or daily nursing care



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- ❖ LTC services can be provided in a nursing home setting or in your home, depending on the kind of care you need



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Trends in LTC



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- ❖ A child born in the U.S. in the year 2002 could expect to live 76.9 years, about 29 years longer than a child born in 1900
- ❖ 77 million Baby Boomers (people born between 1946 and 1964) will be eligible for Medicare in 2011

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Louisiana's Aging Population

U.S. Census Bureau Aging data for 2000:

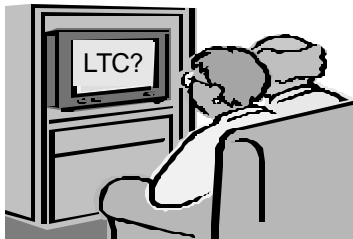
- ❖ Age 65 years and older = 516,929
- ❖ 85 years and older = 58,676



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Will I need LTC?



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- ❖ It is impossible to predict whether you will need LTC, however...

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Statistics show...

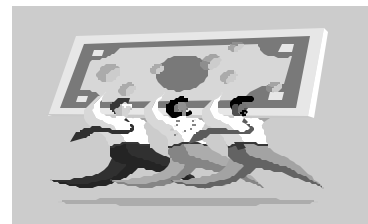
- ❖ An estimated 43 percent of Americans over the age of 65 will spend some time in a nursing home during their lifetime



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How are LTC costs covered?



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Costs for LTC services may be covered by...

- ❖ private health care insurance (LTC insurance)
- ❖ personal resources,
- ❖ Veterans Benefits, OR

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- ❖ by sources such as Medicaid, Medicare, social service dollars or a combination of those funding sources

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Medicaid Program

- ❖ Title XIX of the Social Security Act, a program known as Medicaid, provides medical assistance for certain individuals and families with low incomes and resources

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- ❖ Medicaid programs are run by state and local governments within federal guidelines and cover a wide range of services

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- ❖ Some Medicaid services are federally mandated (State Plan Services) for all recipients, while others like Home and Community-Based Waiver (HCBW) Services are offered at the State's option



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- ❖ Currently, one in five Louisiana residents (approximately over 900,000) receive health coverage from the Louisiana Medicaid Program

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Medicaid Long Term Personal Care Services

- ❖ Medicaid Long Term Personal Care Services (LT – PCS) is a recently approved State Plan Service administered by the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing for Medicaid eligible Louisiana citizens

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- ❖ This LTC option is intended to provide personal care assistance to qualified Medicaid recipients so that they may continue to live in their home and community (The new Medicaid State Plan LT-PCS program is not a Home and Community-Based Waiver Program)

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What are Personal Care Services?

- ❖ Long Term Personal Care Services (LT-PCS) are personal care services that provide assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)

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- ❖ Medicaid recipients must require assistance with one or more ADLs in order to qualify for LT-PCS.



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Personal Care Services Include ADL Tasks Such As...

- ❖ Eating;
- ❖ Bathing;
- ❖ Dressing;
- ❖ Grooming;
- ❖ Transferring (getting in/out of the tub, from a bed to a chair);
- ❖ Ambulation;
- ❖ Toileting

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Personal Care Services Include Instrumental Activities of Daily Living (IADLs) Task Such As...

- ❖ Light housekeeping;
- ❖ Food preparation and storage;
- ❖ Grocery shopping, laundry, assisting when necessary with scheduling medical appointments, accompany to medical appointments and medication reminders
- ❖ IADLs may or may not not be required on a daily basis

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Who is eligible for Long Term Personal Care Services?

- ❖ Medicaid recipients who meet medical standards for admission to a Nursing Facility (Nursing Home Level of Care), including all Preadmission Screening and Annual Resident Review (PASARR) requirements

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- ❖ Medicaid recipients who are either:
65 years of age or older **OR**
21 years of age or older with disabilities (Disabled is defined as meeting the eligibility criteria established by the Social Security Administration for disability benefits) **AND**

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- ❖ meet Nursing Facility Level of Care criteria for admission to a NF;

- ❖ able to participate in his/her care and self direct the services provided by the personal care worker independently or through a responsible representative; and

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- ❖ likely to require nursing facility admission within 120 days

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- ❖ *The recipient of LT-PCS services must have a gross monthly income of \$579 (the SSI income standard) or less and resources less than \$2,000. These recipients are the "Poorest of the Poor"

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How do I Request/Inquire about LT-PCS?

- ❖ Medicaid recipients who need assistance with one or more of the Activities of Daily Living (ADL) can get more information by contacting the:

Louisiana Options in Long Term Care
Statewide Toll Free Help Line at:

1 - 877 - 456 - 1146

(TDD Line: 1 - 877- 465 - 1172)

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How do I Request/Inquire about LT-PCS if I live in a Nursing Facility?

- ❖ Medicaid recipients who need assistance with one or more of the activities of daily living can get more information by contacting the:

Louisiana Options in Long Term Care
Statewide Toll Free Help Line at:

1 – 877 - 456 - 1146

(TDD Line: 1 - 877- 465 - 1172)

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How do I Request/Inquire about LT-PCS while currently receiving Home and Community-Based Waiver Services?

- ❖ Medicaid recipients receiving Home and Community-Based Services Waivers (HCBS) who meet the admission criteria for a Nursing Facility and who need assistance with one or more of the activities of daily living can get more information by contacting their individual Support Coordinator (Case Manager)

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- ❖ The Support Coordinator (Case Manager) will assist the HCBS waiver recipients with LT-PCS

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- ❖ Individuals interested in applying for and being evaluated for Medicaid benefits, must apply personally or through a responsible authorized representative at the Medicaid office in the parish where they live, or any of the participating Medicaid Application Centers

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- ❖ A complete listing of parish Medicaid offices, including phone numbers is available at the following web address:

<http://www.dhh.state.la.us/MEDICAID/>

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- ❖ Your local telephone directory contains Medicaid Parish Office information in the Blue Pages section, State Government Section 3 – “Health & Hospitals, Dept. of”



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- ❖ For more information on the Louisiana Medicaid Program call the

Medicaid Eligibility Hotline at:

1 – 888 - 342 - 6207

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What are some LTC options in Louisiana?



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LTC can be provided in one of several types of settings, such as:

- ❖ A hospital,
- ❖ A nursing home,
- ❖ A group residence
- ❖ Adult Day Health Care (ADHC) facilities



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- ❖ A person's own home (e.g., home health services, private pay services, home and community-based waivers, new Medicaid State Plan Long Term Personal Care Services – LT-PCS)



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What if I want to receive LTC services in my home?



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Medicaid Home and Community-Based Services (HCBS) Waivers

- ❖ In 1981 the Federal Government created the Title XIX Home and Community-Based Services in order to support the national trend toward providing home and community-based services to the elderly, persons with physical disabilities, mental retardation, developmental disabilities or mental illness

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HCBS Waivers

- ❖ Since this act made an exception to or “waived” traditional Medicaid requirements, it is referred to as a “Waiver”

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Medicaid HCBS Waivers...

- ❖ afford states the flexibility to develop and implement creative alternatives to placing individuals who are Medicaid-eligible in hospitals, nursing homes or intermediate care facilities

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Waivers...

- ❖ allow people the choice of living in the community near family, friends and the things they enjoy
- ❖ foster Independence
- ❖ enhance quality of life



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Choices = Quality of Life

HCBS Waivers provide supports and services that enable individuals who need assistance to maintain or achieve their full potential for self-reliance and independent living.



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Supplement Natural Supports

- ❖ HCBS Waivers supplement natural supports (e.g., family, friends, community and others)



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Louisiana HCBS Waivers

- ❖ Medicaid **HCBS Waivers** in Louisiana are administered by the Louisiana Department of Health and Hospitals (DHH), Bureau of Community Supports and Services (BCSS)

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The BCSS

The Bureau of Community Supports and Services (BCSS) is entrusted with the task of:

- ❖ determining **medical eligibility** for home and community-based services, and

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The BCSS

- ❖ assuring that individuals are afforded the opportunity to live in a safe environment while directing their lives based on their desired personal outcomes/goals

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Louisiana's HCBS Waivers

Louisiana currently has four (4) different HCBS Waivers, two (2) of which are specifically designed to meet the needs of eligible persons who are elderly and adults who are disabled. In order to be eligible, these individuals would otherwise require Nursing Facility level of care

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What does "Nursing Facility Level of Care" mean?

- ❖ Nursing Facility Level of Care is the **kind** of care an individual needs and ensures individuals being evaluated for LTC Facility placement (nursing homes and other LTC institutions) are provided with available and appropriate resources to meet their medical, social, psychological and physical needs

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Each HCBS Waiver has specific service packages and eligibility requirements



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Medicaid Financial Eligibility Criteria



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Important note about Medicaid Financial Eligibility

- ❖ If you have been offered a HCBS Waiver Opportunity for Services (slot), you may be Medicaid eligible due to special income considerations made for waiver recipients
- ❖ This special consideration only applies to individuals who have been **offered** a waiver opportunity for service (slot)

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- ❖ *Income of the person needing HCBS waiver services cannot be more than \$1,737 per month
- ❖ Income includes money from work, money you receive from other sources, such as Social Security, Social Security, Veteran's Affairs, retirement, friends or relatives, certain trust payments, interest, rental income and others

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Countable **Income** cannot be more than the following amounts:

- ❖ ***INCOME** LIMITS FOR 2005:
\$1,737 (Up to 3 times the SSI amount) for an individual, and \$3,474 for a couple when one spouse needs long-term care

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Countable **Resources (assets)** cannot be more than the following amounts:

- ❖ ***RESOURCE** LIMITS FOR 2005:
Countable resources cannot be worth more than \$2,000 for an individual or \$3,000 for a couple when one spouse needs long-term care. For 2005, under Spousal Impoverishment rules, a couple can have up to \$95,100 in countable resources, as long as there is a spouse at home who does not get long-term care

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Resources are things you own such as:

- ❖ Cash
- ❖ Bank accounts, CD's, IRA's
- ❖ Land (other than the home property)
- ❖ Certain trust funds
- ❖ Life insurance cash surrender value
- ❖ Generally your home or automobile do not count

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IMPORTANT NOTE:

- ❖ If you give away a resource or sell it for less than it is worth in order to get under the Medicaid resource limit, you may not be eligible for HCBS waiver services



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CHECK FOR CHANGES IN MEDICAID FINANCIAL/RESOURCE INFORMATION

- ❖ *Medicaid financial and resource information are set by the federal government and are subject to a **yearly** change therefore, individuals should check with their local Medicaid Parish Office for up to date/current financial/resource information

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Louisiana HCBS Waivers LTC Alternatives

- ❖ Elderly and Disabled Adult (EDA) Waiver (began in Louisiana on July 1, 1993)
- ❖ Adult Day Health Care (ADHC) Waiver (began in Louisiana on Jan. 1, 1985)

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Elderly and Disabled Adult (EDA) WAIVER



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EDA WAIVER

- ❖ The Elderly and Disabled Adult (EDA) Waiver provides various services to eligible individuals in their home who demonstrate an inability or impairment to perform self-care activities such as , dressing, grooming, general household task and other activities of daily living

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What services are available in EDA Waiver?

- ❖ Case Management Services
- ❖ Intensive Case Management Services
- ❖ Household Supports

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What services are available in EDA Waiver?

- ❖ Personal Supervision (Day/Night)
- ❖ Environmental Modifications
- ❖ Personal Emergency Response System (PERS)

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Case Management Services

- ❖ Case Management services assist recipients with identifying, locating and coordinating the necessary services and supports that will assist them in safely maintaining independence and quality of life in their home and community

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Intensive Case Management Services

- ❖ Intensive Case Management Services are those services that are provided by an Intensive Case Manager for a person who is transitioning from a Nursing Facility back to the community.

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Day Supervision

- ❖ Day Supervision is non-medical supervision and socialization (connecting people to their community) provided to adults who are functionally impaired and who can direct their own care

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Night Supervision

- ❖ Night Supervision is non-medical supervision provided to recipients who live alone and who are limited in mobility or cognitive function to such an extent that they may not be able to utilize a Personal Emergency System (PERS) or a telephone to preserve their safety in an emergency situation

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Environmental Modifications

- ❖ Environmental Modifications are those services which provide modifications and/or improvements to a recipient's living quarters, enable mobility in the home and community and ensure safety, security and accessibility



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Personal Emergency Response System (PERS)

- ❖ PERS is an Electronic response system designed for use by individuals who are cognitively and/or physically able to utilize the system, and who are alone for significant parts of the day

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- ❖ A PERS provides immediate assistance in the event of physical, emotional or environmental emergency through a community-based electronic communication device

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Transitional Services

- ❖ Transitional Services provide a one time, lifetime maximum assistance for individuals transitioning from a nursing home to the community

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Transitional Services

- ❖ Transitional Services have been approved by the Centers for Medicare and Medicaid (CMS) and are being finalized for future implementation

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What are the criteria for EDA Waiver Services?

- ❖ Individuals must meet the level of care criteria for nursing home care (medical and social information to support nursing home level of care determination must be provided)
- ❖ Individuals must be 65 years of age or older **OR**

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- ❖ Individual must be determined disabled according to criteria as set forth in this waiver **AND**
- ❖ Individual must meet Medicaid financial requirements



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Adult Day Health Care (ADHC) Waiver



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ADHC Waiver Services

- ❖ ADHC Waiver services are designed to meet the individual needs of adult persons who are aged and/or functionally impaired by providing a variety of health, social and related support services in a protective setting (Case Management services are provided as a part of this service by the ADHC facility)

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ADHC Waiver Services

- ❖ Individuals attend and receive services at a licensed ADHC facility for part of the day, and return home to their families at the end of each day



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ADHC Waiver Services Include:

- ❖ Health Services – Nursing care and oversight
- ❖ Direct Care Staff – Personal Care Attendants
- ❖ Social Services – Social Worker Consultants

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ADHC Waiver Services Include:

- ❖ Nutrition – Dietary Services
- ❖ Transportation - to and from the ADHC as needed and/or to specific medical appointments related to an individual's treatment plan



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What are the criteria for ADHC Waiver Services?

- ❖ Individuals age 65 or older, OR
- ❖ Individuals with disabilities, age 22 or older, who meet SSI disability criteria

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What are the criteria for ADHC Waiver Services?

- ❖ Individuals must meet the level of care criteria for nursing home care (medical and social information to support nursing home level of care determination must be provided) AND
- ❖ Meet Medicaid financial requirements

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- ❖ Recipients of Home and Community-Based Waiver Services are entitled to any other services (in accordance with Medicaid policies and procedures) provided with a Medicaid Card, for example, hospital inpatient, outpatient, emergency room, lab work services, doctor's visits and other Medicaid services

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How do I request HCBS Waiver Services?



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To request HCBS Waiver Services...

- ❖ You or your authorized representative/family member must contact the:

**Louisiana Options in Long Term Care
Statewide Toll Free Help Line at:**
1 - 877 - 456 - 1146
(TDD Line: 1 - 877- 465 - 1172)

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- ❖ **Louisiana Options in Long Term Care is the single point of entry for Long Term Care (LTC) services**

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What if I already live in a Nursing Home?



- ❖ You or your authorized representative/family member must contact the:

**Louisiana Options in Long Term Care
Statewide Toll Free Help Line at:**
1 - 877 - 456 - 1146
(TDD Line: 1 - 877- 465 - 1172)

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Information you will need when requesting HCBS Waiver Services



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- ❖ Requestor's Name and Address
- ❖ Parish Requestor Lives In
- ❖ Requestor's Home Phone Number

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- ❖ Authorized Representative's Name, relationship to Requestor and Phone Number(s)

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- ❖ Other Phone Number (s) where Requestor and/or Authorized Representative may be reached
- ❖ Requestor's Date of Birth

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- ❖ Requestor's Social Security Number
- ❖ Requestor's Medicaid Number (if applicable)
- ❖ Requestor's Medical Insurance
- ❖ Requestor's Source of Income

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- ❖ Services and Supports Requestor is currently receives
- ❖ Requestor's Disability/Diagnosis
- ❖ Requestor's Living Arrangements

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- ❖ Requestor's HCBS Waiver choice (i.e., EDA or ADHC)
- * Important note: you may request to be on more than one HCBS waiver Request For Services Registry (RFSR), but can only receive waiver services from one waiver at a time

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Is my information kept confidential?



- ❖ Yes, all information is kept confidential in accordance with Medicaid rules and regulations and privacy provisions as stipulated in the Hospital Insurance Portability and Accountability Act of 1996 (HIPAA)

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What happens after I call the LA Options Toll Free Help Line requesting HCBS Services?



- ❖ You will receive a letter confirming that you/your authorized representative/ family member have requested Waiver Services

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- ❖ based on your situation, you may also need to submit current documentation of to support that you meet the age and disability criteria for the HCBS Waiver you are requesting (e.g., a medical record from your doctor stating the diagnosis and/or disability, or SSI assessments stating your diagnosis and/or disability)

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- ❖ It is very important that you forward all requested information as directed so that the process for the services you are requesting can be completed

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- ❖ If you fail to return the requested information within the requested timeline, your name will not be added to the RFSR, therefore your request date cannot be protected

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- ❖ Upon availability of funding, a HCBS Waiver opportunity for Services (sometimes referred to as a "slot") is offered to the individual whose name is next on the RFSR list

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What is a Request for Services Registry (RFSR)?

- ❖ The BCSS Request for Services Registry (RFSR) is an official list of individuals who have requested HCBS Waiver Services, and list individuals by the date and time of their request for services

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If you would like more information, or would like to request HCBS Waiver Services call the

**Louisiana Options in Long Term Care
Statewide Toll Free Help Line at:**

1 - 877 - 456 - 1146

(TDD Line: 1 - 877- 465 - 1172)

They can help you determine if these services are right for you!

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You may access a complete list of Louisiana's Home and Community-Based Services Waivers by visiting the following BCSS web address:

<http://www.dhh.state.la.us/BCSS>

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Be sure to check the BCSS web site periodically for updates on home and community-based waiver services

<http://www.dhh.state.la.us/BCSS>

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Remember – You have a Choice

Make the Choice that is right for you!



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**DEPARTMENT OF HEALTH AND HOSPITALS
DIVISION OF LONG TERM SUPPORTS AND SERVICES
ELDERLY & DISABLED ADULTS (EDA) WAIVER FACT SHEET**

<u>Description</u>	<p>The Elderly and Disabled Adult (EDA) Waiver provides home and community-based services to individuals who would otherwise require nursing home level of care. The Department of Health and Hospitals (DHH) maintains an Elderly and Disabled Adult (EDA) Request for Services Registry (RFSR). To determine available EDA Waiver services, DHH gives priority to persons on the EDA Request for Services Registry (RFSR). Based on date of first request for services, priority is given to individuals who are in a nursing home and who can return to their homes if EDA Waiver services are provided, as well as those who have indicated that their medical condition is such that they are likely to go into a nursing home within the next 120 days, unless waiver services are provided. Remaining EDA Waiver “slots”, if any, are offered on a first-come, first-served basis to individuals who qualify for admission to a nursing home, but who are not at high risk of being admitted to a nursing home. Persons wishing for their name to be added to the EDA Request for Services Registry (RFSR) should contact the Louisiana Options in Long Term Care through the toll free statewide Help Line at: 1-877-456-1146 (TDD Line: 1-877-465-1172).</p> <p>The EDA Waiver application process does not begin until an EDA Waiver “slot” is offered to a person on the EDA Request for Services Registry (RFSR) in accordance with the priorities set forth above. At that time, medical and financial eligibility determinations are performed at the same time. Individuals who do not satisfy both the medical and financial eligibility criteria will not be approved for EDA Waiver services and will be removed from the EDA Request for Services Registry (RFSR). Those who are approved for services have freedom of choice among providers.</p> <p>There are eight (8) services provided under this waiver: Case Management, Transition Intensive Case Management, Household Supports, Personal Supervision (day), Personal Supervision (night), Environmental Modifications, Personal Emergency Response System and Transitional Service (lifetime maximum assistance for individuals transitioning from a nursing home to the community).</p> <p>At the present time, the approved Cost Cap is an average of \$60.00 a day.</p>
<u>Level of Care</u>	Requestors must meet the level of care criteria for admission to a long term nursing facility. Medical and social information must be submitted to support this determination.
<u>Population</u>	Age ® 65 or older, and 21 or older who are disabled according to Medicaid standards or SSI disability criteria.
<u>Financial</u>	<ul style="list-style-type: none"> * Income ® For 2006, the income limits are \$1,809 (up to 3 times the SSI amount) for an individual and \$3,618 for a couple when both spouses need long-term care. * Resources ® For 2006, countable resources cannot be worth more than \$2,000 for an individual or \$3,000 for a couple when both spouses need long-term care. For 2006, under Spousal Impoverishment rules, a couple can have up to \$99,540 in countable resources, as long as there is a spouse at home who does not get long-term care. * These income and resources limits are subject to change each year.

**** All new requests for the EDA Waiver should be directed to the Louisiana Options in Long Term Care Statewide Toll Free Help Line at: 1-877-456-1146**

(TDD Line: 1-877-465-1172).

**DEPARTMENT OF HEALTH AND HOSPITALS
DIVISION OF LONG TERM SUPPORTS AND SERVICES
ADULT DAY HEALTH CARE (ADHC) WAIVER FACT SHEET**

<u>Description</u>	<p>This waiver was implemented on January 1, 1985. Home and Community-Based Services Waiver programs are based on federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care. Due to the demand for these services, there is a Request for Services Registry (RFSR) that lists individuals and their request dates. This waiver is offered on a first-come first-served basis. Persons interested in being added to the RFSR for this waiver should contact the Louisiana Options in Long Term Care Statewide Toll Free Help Line at: 1-877-456-1146 (TDD Line: 1-877-465-1172). The application process does not begin until a slot is available. At that time medical and financial determinations are done simultaneously and are the same as those for Long Term Nursing Facility Care. Requestors have freedom of choice for providers.</p> <p>Adult day health care, which is provided at an ADHC facility, is the primary service provided under this waiver, along with other services that include health services, direct care services, social services, nutrition, and transportation.</p>
<u>Level of Care</u>	Requestors must meet the level of care criteria for admission to a long term nursing facility. Medical and social information must be submitted to support this determination.
<u>Population</u>	Age ® 65 or older; and 22 and older who are disabled according to Medicaid standards or SSI disability criteria
<u>Financial</u>	<p>* Income ® For 2006, the income limits are \$1,809 (up to 3 times the SSI amount) for an individual and \$3,618 for a couple when both spouses need long-term care.</p> <p>* Resources ® For 2006 countable resources cannot be worth more than \$2,000 for an individual or \$3,000 for a couple when both spouses need long-term care. For 2006, under Spousal Impoverishment rules, a couple can have up to \$99,540 in countable resources, as long as there is a spouse at home who does not get long-term care.</p> <p>* These income and resources limits are subject to change each year.</p>

****All new requests for the ADHC Waiver should be directed to the Louisiana Options in Long Term Care Statewide Toll Free Help Line at: 1-877-456-1146 (TDD Line: 1-877-465-1172).**

Long Term – Personal Care Services

Who is eligible?

Medicaid recipients who are either

- 65 years of age or older, **OR**
- 21 years of age or older with disabilities (Disabled is defined as meeting the eligibility criteria established by the Social Security Administration for disability benefits.)

These individuals must also

- Meet the requirements for nursing facility level of care, **AND**
- Be able to direct his/her care independently or through a responsible representative, **AND**
- Meet one of the following criteria:
 - Be in a nursing facility and be able to be discharged if community-based services were available; **OR**
 - Be likely to require nursing facility admission within the next 120 days; **OR**
 - Have a primary care-giver who has a disability or is over the age of 70; **OR**
 - Face a substantial possibility of deterioration in mental or physical condition or functioning if either home and community-based services or nursing facility services are not provided in less than 120 days.

What are personal care services? Personal care services are those services that provide assistance with activities of daily living and instrumental activities of daily living. They may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by him/herself. They include tasks such as:

Activities of Daily Living	Instrumental Activities of Daily Living
<ul style="list-style-type: none"> • eating; • bathing; • dressing; • grooming; • transferring (getting in/out of the tub, from a bed to a chair); • ambulation; • toileting; 	<ul style="list-style-type: none"> • light housekeeping; • food preparation and storage; • grocery shopping; • laundry; • reminding the recipient to take medication; • assisting with scheduling medical appointments when necessary; • accompanying the recipient to medical appointments when necessary due to the recipient's frail condition; and • assisting the recipient to access medical transportation.

What is not covered under personal care services? Personal care services **ARE NOT** to be used for:

<ul style="list-style-type: none"> • specialized nursing procedures (i.e., insertion of feeding tube, indwelling catheter, tracheostomy care, injections) • skilled nursing services • medication administration • rehabilitative services • specialized aide procedures (i.e., measuring/recording vital signs, specimen collection, special skin care, etc.) 	<ul style="list-style-type: none"> • cleaning areas of home not occupied by the recipient • food preparation or laundry for anyone other than the recipient • companionship • supervision • respite of the primary care giver
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If you are a Medicaid recipient and are interested in requesting LT-PCS, you may contact Affiliated Computer Services (ACS) at 1-866-229-5222.

(TDD Line: 1-877-465-1172).